

Field Record of Course Activities

Course Name		Course No	
Date Schedule Received	Date Roster Received	Classroom Location	

Instructor Evaluations:

Date	Instructor	Subject	Lecture		Practical	
			Sat	Unsat	Sat	Unsat
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Exam Schedule:

Written Exam Date	Time	Practical Exam Date	Time
Written proctored by		Practical proctored by	
Written Exam Location		Practical Exam Location	

Exam Request:

*Exams	Written	Readers	Practical	Date Received
FFI				
FFII				
FFI & II				

**Be sure to verify the number of exams received with the number listed on your copy of the Exam Request Form.*